



# 1915(i) Home and Community Based Services State Plan Program

## FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE (SED)

### Policy Manual

July 1, 2013

# 1915(i) HOME AND COMMUNITY BASED SERVICES (HCBS) STATE PLAN PROGRAM FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

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# 1915(i) HOME AND COMMUNITY BASED SERVICES STATE PLAN PROGRAM FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

## **Acronyms**

ALOS:	Average Length of Stay
APS:	Adult Protective Services
ARM:	Administrative Rules of Montana
CMHB:	Children's Mental Health Bureau
CMS:	Centers for Medicare and Medicaid Services
CPS:	Child Protective Services
DPHHS:	Department of Public Health and Human Services (Department)
DSD:	Developmental Services Division
HCBS:	Home and Community Based Services
PA:	Prior Authorization
PD:	Project Director
RM:	Regional Manager
POC:	Plan of Care
PRTF:	Psychiatric Residential Treatment Facility (same as RTC)
RTC:	Residential Treatment Center (same as PRTF)
SED:	Serious Emotional Disturbance
SOR:	Serious Occurrence Report

## **Manual Content Updates**

January 2013	Original manual at implementation of 1915(i) HCBS State Plan
July 2013	ARM Amendment

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# **1915(i) HOME AND COMMUNITY BASED SERVICES STATE PLAN PROGRAM FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE**

## **A. Introduction to the 1915(i) Home and Community Based Services State Plan Program**

The Department of Public Health and Human Services has submitted a 1915(i) Home and Community Based Service (HCBS) State Plan amendment to the Centers for Medicare and Medicaid Services (CMS) to establish a 1915(i) HCBS State Plan program of Medicaid funded home and community services for youth who have serious emotional disturbance. The purpose of this program is to provide mental health services to qualifying youth in the community setting.

Enrollment in the program and the provision of services through the program are at the discretion of the department. There is no legal entitlement to enroll in the program or to receive any of the services available through the program. Only those youth enrolled in the 1915(i) HCBS State Plan program are eligible for the 1915(i) HCBS State Plan program services. Enrolled youth must reside in a family home setting. Program services cannot be provided to a youth residing in a hospital or psychiatric residential treatment facility.

The 1915(i) HCBS State Plan program is available statewide.

## **B. Eligibility**

### **1. Target Group Criteria**

A youth is eligible to be considered for enrollment in the 1915(i) HCBS State Plan program if the youth:

- (a) Is age five through 17, or to the age of 20 if the youth is still in secondary school and consents to participation in the 1915(i) HCBS State Plan program;
- (b) Is Medicaid eligible;
- (c) Meets the clinical criteria of serious emotional disturbance as defined at ARM 37.86.3702;

and

### **2. Needs-Based Criteria**

A youth is required to meet the following needs-based eligibility criteria:

(1) Resources available in the community do not meet the treatment needs of the youth as documented by at least two of the following risk factors (a–d):

- (a) The youth has had at least one admission to a Psychiatric Residential Treatment Facility (PRTF) in the past 12 months;
- (b) The youth has had at least one admission to a local in-patient hospital related to behavioral health needs, not physical health needs, in the past 12 months.
- (c) The youth has had at least one admission to a therapeutic group home in the past 12 months.
- (d) In lieu of 1915(i) HCBS State Plan services, the youth is at risk of placement in a PRTF per an assessment of referral information.

**OR AT LEAST ONE OF THE ABOVE (a-d) AND THE FOLLOWING (e):**

- (e) The youth is receiving three or more of the following types of outpatient services in the community setting and is not making progress:

- Outpatient therapy with or without medication management;
- Comprehensive School and Community Treatment;
- Day treatment OR partial hospitalization;
- Therapeutic family care OR therapeutic foster care; or
- Respite.

(2) The services can reasonably be expected to improve the condition of the youth or prevent further regression.

### **C. RESPONSIBILITIES FOR REVIEWS/ASSESSMENTS**

1. The needs-based eligibility criteria outlined in B.2 are used to evaluate or reevaluate whether a youth is eligible for the 1915(i) HCBS State Plan program. The criteria take into account the support needs of the youth and include other risk factors. The Utilization Review (UR) contractor with the department completes the needs-based review criteria.

If the needs-based criteria are met, a face-to-face assessment by an independent, qualified agent is required to identify the needs of the youth. A regional care coordinator (RCC) employed by the UR contractor will complete the face-to-face assessment with the youth and the parent(s)/legal representatives of the youth to determine if the youth needs at least one of the 1915(i) HCBS State Plan Program services. The regional care coordinators are licensed mental health professionals with the education and professional qualifications to enable them to complete an assessment that is specific to the 1915(i) HCBS State Plan program.

2. The RCC will provide the information obtained through the needs-based eligibility review and the face-to-face assessment to the regional manager.

### **D. Purpose**

The purpose of the 1915(i) HCBS State Plan program is to provide mental health services to qualifying youth in the community setting. Services will be provided through a wraparound service model that includes the youth and family and will be structured to provide the supports needed to maintain youth safely in their home and community.

The UR contractor's regional care coordinator (RCC) will develop the initial and annual service plan in collaboration with the youth, the parent(s)/legal representative of the youth, appropriate health care professionals, and others who treat or have knowledge of the mental health and related needs of the youth. The regional manager will revise the service plan based on input from family teams via the wraparound facilitator, provide program oversight, and prior authorize all 1915(i) HCBS State Plan program services. Families choose the providers they want for their family wraparound team.

Regional Manager oversight may include observation of at least one meeting in each of the four phases of wraparound to ensure the high fidelity wraparound facilitator is maintaining wraparound fidelity; contact with the youth/family periodically to ensure the youth and parent(s)/legal representative is in agreement with the wraparound process; completion of a desk audit of the wraparound facilitators' records; verification of wraparound facilitation training and certification process.

### **E. 1915(i) HCBS State Plan Program Services**

In accordance with federal regulations, 1915(i) HCBS State Plan program services must not be provided to youth who are inpatients of a local community hospital or a psychiatric residential treatment facility. Youth enrolled in the 1915(i) HCBS State Plan program are NOT eligible for targeted case management services or other types of case management services.

The department may determine the particular services of the program to make available to an eligible youth based on, but not limited to, the following criteria:

- (a) the need of the youth for a service generally and specifically;
- (b) the suitability of a service for the circumstances and treatment of the youth;
- (c) the availability of a specific service through the program and any ancillary service necessary to meet the needs of the youth;
- (d) the availability otherwise of alternative public and private resources and services to meet the need of the youth for the service;
- (e) the risk of significant harm for the youth if not in receipt of the service;
- (f) the likelihood of placement into a more restrictive setting if not in receipt of the service; and
- (g) the financial costs for and other impacts on the program arising out of the delivery of the service to the youth.

## **1. Peer-To-Peer Services**

Peer-to-Peer services offer and promote support to the youth or to the parent/legal representative of the youth. The services are geared toward promoting self-empowerment, enhancing community living skills and developing natural supports. These services may include:

- (a) supporting the youth or the parent(s)/legal representatives to make informed independent choices in order to develop a network for information and support from others;
- (b) coaching the youth or the parent(s)/legal representatives in developing systems advocacy skills in order to take a proactive role in the treatment of the youth; and
- (c) assisting the youth or the parent(s)/legal representatives in developing supports including formal and informal community supports.

Peer-to-Peer services are provided by appropriate community agencies with the capacity to offer this service. The provider of Peer-to-Peer services must:

- (a) ensure that any employee providing Peer-to-Peer services to a parent/legal representative is a family member who has cared for a youth with SED while the youth was receiving services in the children's mental health system. The person must have experience in the direct day-to-day care of a youth with SED. Their youth cannot be currently enrolled in the 1915(i) HCBS State Plan program;
- (b) ensure that any employee providing Peer to Peer services to the youth is an adult who received mental health services as a youth.
- (c) be knowledgeable of the children's mental health system and other community resources; and
- (d) ensure that any employee providing Peer-to-Peer services has attended a wraparound facilitation training sanctioned by the department; and
- (e) ensure the staff receives appropriate supervision and coaching.

## **2. Consultative Clinical and Therapeutic Services**

Consultative Clinical and Therapeutic Services provide treating physicians and mid-level practitioners with access to the psychiatric expertise and consultation in the areas of diagnosis, treatment, behavior, and medication management. Consultative Clinical and Therapeutic services are provided by licensed psychiatrists and are provided to licensed physicians or mid-level practitioners who are treating youth enrolled in the program. Both the consultant psychiatrist and the treating physician or mid-level practitioner may bill for the Consultative Clinical and Therapeutic Services.

### **3. Supplemental Supportive Services**

Supplemental Supportive Services are available to purchase services or goods not reimbursed by Medicaid. These good and services enable the youth to access supports designed to improve functioning and maintain the youth in the community. The service plan must:

- (a) document the therapeutic need of the youth for this service;
- (b) document attempts to identify alternative funding and/or resources; and
- (c) include all documentation/receipts.

Supplemental Supportive Services must be prior authorized and are limited to \$1,000 for each twelve month period beginning with the most current enrollment date of the youth.

Supplemental Supportive Services cannot be used to provide:

- (a) services or goods typically covered by another entity;
- (b) monthly rent or mortgage;
- (c) food;
- (d) regular utility charges;
- (e) household appliances;
- (f) automobile repairs;
- (g) insurance; or
- (f) items that are for purely diversion/recreational purposes.

Supplemental Supportive Services must be purchased by an enrolled provider in order to be reimbursed by the 1915(i) HCBS State Plan program.

### **4. Education and Support Services**

Education and Support Services are provided to family members, unpaid caregivers, and persons providing treatment or otherwise involved in the life of the youth. Education and Support Services include instruction about the diagnostic characteristics and treatment regimens for the youth, including medication and behavioral management. Education and Support Services are provided by appropriate community agencies with the capacity to offer periodic trainings specific to parent(s) or legal representatives of youth with serious emotional disturbance. All training curricula and community providers of this training must be approved by the department.

### **5. Family Support Specialist**

Family Support Specialist services provide support and interventions to parents/legal representatives and youth under the guidance of the in-home therapist. These services may include:

- (a) assisting the in-home therapist in family therapy by providing feedback about observable family dynamics;
- (b) providing education to parents regarding their child's mental illness;
- (c) coaching, supporting, and encouraging parenting techniques learned through parenting classes and/or family therapy;
- (d) providing parenting skills specific to the child, as necessary;
- (e) participating in family activities in order to assist parents in applying specific parenting methods in order to change family dynamics;
- (f) working with youth to access any types of wellness recovery tools such as a wellness recovery action plan tool kit; and
- (g) serving as a member of the crisis intervention team.

A Family Support Specialist may be a licensed mental health professional in the state of Montana that includes one of the following:

- (a) Licensed clinical professional counselor;
- (b) Licensed clinical social worker; or



(c) Licensed clinical psychologist.

A Family Support Specialist who is also a licensed mental health professional cannot provide any other 1915(i) HCBS State Plan program services or state plan services for the youth.

Appropriate community agencies with the capacity to offer this service to parents/legal representatives of youth with serious emotional disturbance (SED) may provide Family Support Specialist services. The agency providing Family Support Specialist services must ensure that its employees:

- (a) receive clinical supervision;
- (b) are knowledgeable about family systems and dynamics;
- (c) follow the service plan developed by the wraparound team;
- (d) have attended a high fidelity wraparound training sanctioned by the department;
- (e) meet the following educational/experience requirements:
  - (i) have a Bachelor's degree in human services; or
  - (ii) have a minimum of three years direct experience (as documented by the agency) working with youth with SED and their families.

## **6. In-Home Therapy**

In-home therapists provide face-to-face, individual, and family therapy for youth and parent(s)/legal representatives in the residence of the youth at times convenient for the youth and family. As part of the provision of the therapy and for the purposes of the service plan, the in-home therapist must:

- (a) communicate with the department regarding the status of the youth and their treatment;
- (b) develop and write an individual treatment plan with the youth and parent(s)/legal representative specific to mental health therapy;
- (c) provide crisis response during and after working hours;
- (d) assist the youth with transition planning; and
- (e) attend family and team meetings and other activities pertinent to support success in the community.

In-home therapists must meet the following requirements:

- (a) social workers licensed in accordance with ARM 37.88.205;
- (b) professional counselors licensed in accordance with ARM 37.88.305; or
- (c) psychologists licensed in accordance with ARM 37.88.605.

The in-home therapist and high fidelity wraparound facilitator cannot be employed by the same agency when serving on the treatment team and providing services to a specific youth enrolled in the 1915(i) HCBS State Plan program.

## **7. Non-Medical Transportation**

Non-Medical Transportation is the provision of transportation by agencies through common carrier or private vehicle for the access of the youth to and from social or other nonmedical activities that are included in the service plan. Non-Medical Transportation services are provided only after volunteer transportation services, or transportation services funded by other programs, have been exhausted. Non-Medical Transportation services must be provided by the most appropriate cost effective mode. Non-Medical Transportation agency providers must provide proof:

- (a) that all drivers possess a valid Montana driver's license;

- (b) that all vehicles are adequately insured for personal injury; and
- (c) that all vehicles are in compliance with all applicable federal, state, and local laws and regulations.

#### **8. Respite Care**

Respite Care is the provision of supportive care to the youth when the unpaid persons normally providing day to day care for the youth will not be available to provide care. Respite care services may be provided only on a short term basis, such as part of a day, weekends, or vacation periods. Respite Care services may be provided in the place of residence of the youth, another private residence or other community setting, excluding psychiatric residential treatment facilities. The provider of respite care must ensure that its employees providing respite care services are:

- (a) physically and mentally qualified to provide this service to the youth;
- (b) aware of emergency assistance systems and crisis plans;
- (c) knowledgeable about the physical and mental conditions of the youth;
- (d) knowledgeable about common medications and related conditions of the youth; and
- (e) capable to administer basic first aid.

Respite care cannot be billed at the same time as Crisis Intervention Service. Per federal regulation, the cost for room and board furnished in a residential setting is excluded.

#### **9. High Fidelity Wraparound Facilitation**

Wraparound Facilitation services are comprehensive services comprised of a variety of specific tasks and activities designed to support the family and youth in identifying, prioritizing, and achieving their goals using the wraparound process within a team of the family's choosing. Wraparound facilitators work under the supervision of a licensed mental health professional. The following table provides a breakdown of billable/non-billable activities.

Wraparound Facilitator duties include:

<b>FACE-TO-FACE (billable per 15 minute code)</b>	<b>COORDINATION (billable per 15 minute code with modifier)</b>	<b>PAPERWORK (not billable; activities are included in the rate)</b>
Engaging the family	Engaging the family	
Completing the Strengths, Needs and Cultural Discovery with the family Review completed SNCD with family for editing.	Completing the Strengths, Needs and Cultural Discovery with the family (can possibly occur multiple times as family dynamics/circumstances change)	Completing the Strengths, Needs and Cultural Discovery with the family; Edits to the SNCD; typing and updating
	Assembling the wraparound team (mostly coordination; some face-to-face)	Agenda for meeting and progress notes (meeting overview minutes)
Facilitating family team meetings and developing a crisis plan (mostly, some coordination)	Updating/coordinating w/ team members not present at the meeting; Gathers information from team members who will not be at the meeting/reminder calls of meeting time and date.	Typing/writing the meeting overview
	Working with the department to identify providers of services and other community resources family and youth can select from to meet their needs	
	Making necessary referrals for youth (often includes follow-up until	

	support/service is secured) (coordination of integrating new support/service)	
Convening regular meeting with family and team to review accomplishments and progress towards goals and to make adjustments	Convening regular meeting with family and team to review accomplishments and progress towards goals and to make adjustments	Preparing agenda for meeting, updating ground rules, etc.
	Calls to team members to elicit information/updates if member will not be in attendance and ensuring follow through of role on team responsibilities	Documenting and maintaining all information regarding the, approved service plan including revisions approved by the regional manager
	Presenting the team's suggested service plan changes to the regional manager for approval	
Providing copies of the current approved service plan to the youth and family/ legal representative and to professional and agency team members	Providing copies of the current approved service plan to the youth and family/guardian and to professional and agency team members	Making copies of current approved service plan and mailing out copies to those not present and/or after revisions have been made and approved by the regional manager
	Monitoring the service plan to ensure services are provided as planned; on-going with regional manager	
	Consulting with family to ensure services received continue to meet identified needs	
	Maintaining communication between all wraparound team members	
	Educating new members to the wraparound process (specific to youth)	
	Maintaining team cohesiveness	
	Preparing family for transition out of formal wraparound 1915(i) HCBS State Plan	Documenting proposed team revisions to service plan to support transition and providing this to the regional manager for approval and revision of the service plan
Complete MT CANS (to occur at admission, every 3 months, and at discharge)	Complete MT CANS (to occur at admission, every 3 months, and at discharge)	Complete MT CANS (data entry; report activities)
	As Needed: Serious Occurrence Report	As Needed: Serious Occurrence Report

A wraparound facilitator may be employed by a community agency. The community agency that employs a wraparound facilitator must:

- (a) ensure the wraparound facilitator is working under the supervision of a licensed mental health professional;
- (b) ensure the wraparound facilitator has completed the wraparound facilitation training sanctioned by the department;

- (c) ensure all wraparound facilitators within the community agency are certified high fidelity wraparound facilitators or working toward certification; and
- (d) document that all youth and parent(s)/legal representatives enrolled in the 1915(i) state plan program have been given freedom of choice for all 1915(i) state plan services.

**OR**

Wraparound Facilitation services may be provided by a licensed mental health professional in the state of Montana that includes one of the following:

- (a) social workers licensed in accordance with ARM 37.88.205;
- (b) professional counselors licensed in accordance with ARM 37.88.305; or
- (c) psychologists licensed in accordance with ARM 37.88.605.

A high fidelity wraparound facilitator who is a licensed mental health professional cannot provide any other 1915(i) HCBS State Plan program services or state plan services to the youth for whom they are facilitating. The licensed mental health professional must have attended the high fidelity wraparound facilitation training sanctioned by the department and be either a certified wraparound facilitator or working towards certification.

The high fidelity wraparound facilitator and the in-home therapist cannot be employed by the same agency when serving on the treatment team and providing services to a specific youth enrolled in the 1915(i) HCBS State Plan program.

**10. Specialized Evaluation Services**

Specialized Evaluation Services provide access to necessary evaluation services with brief consultation that are otherwise unavailable or not covered by state plan Medicaid or other funding sources. The need of the youth for this service must be indicated in the service plan.

Providers of Specialized Evaluation Services must be licensed mental health professionals (psychologist, social worker, or licensed professional counselor) with qualifications to provide the specific evaluation or must be agencies that employ staff with qualifications/credentials to provide the specific evaluation.

**11. Crisis Intervention Service**

Crisis Intervention Service includes a short-term (not greater than 14 days) placement in a therapeutic group home or youth shelter home when intervention and short-term placement are necessary to avoid escalation and acute care admission. Multiple consecutive stays are not allowed. If there is indication a higher level of service is necessary, appropriate referrals will be made for the youth. Crisis Intervention Service allows parent(s)/legal representatives who are worn down and unable to continue coping an opportunity for the youth to receive this service while they continue to be involved with the youth. There is a signed contract between all parties that the youth will return to the family home and that the youth and parent(s)/legal representatives receive guidance, therapy, and tools for a successful return to the home, based on the strengths and needs and interaction patterns of the youth and parent(s)/legal representatives. Crisis Intervention Service is not routine respite services. The individualized service plan must identify a need for this service. Crisis intervention service cannot be billed at the same time as respite services.

Crisis Intervention Service is different than a regular therapeutic group home placement or youth shelter care home placement for the following reasons:

(a) Crisis Intervention Service is a 1915(i) HCBS State Plan service and therefore, the team identified by the youth and family remains involved in the lives of the youth and family.

(b) Engagement of the immediate family is crucial to the ability of the youth to return to the home setting.

## **12. Co-Occurring Services**

Co-Occurring Services are designed to provide assessment/evaluation, education and treatment for co-occurring mental health and chemical dependency issues for youth through an integrated approach. Co-occurring education and consultation for the parent(s)/legal representatives of the youth are included in this service category. Co-Occurring Services are intended to improve or maintain current levels of functioning and to reduce further exacerbation of the mental health and chemical dependency issues of the youth. Co-Occurring Services will be provided by a licensed addiction counselor in conjunction with a licensed mental health professional or by a dually licensed professional. This process represents a coordinated approach to providing services to the youth and their parent(s)/legal representatives. The individualized service plan must identify a need for this service. The rate of reimbursement for this service is the same when provided by a dually licensed professional or by a licensed addiction counselor in conjunction with a licensed mental health professional. When both the licensed addiction counselor and the licensed mental health professional are working together at the same time, only one of the providers may bill for that encounter.

## **F. Documentation/Record Keeping**

Providers of 1915(i) HCBS State Plan services are responsible for keeping accurate and adequate records that document the services provided to the youth enrolled in the 1915(i) HCBS State Plan. The General Medicaid Manual from the MMIS Contractor, in addition to this 1915(i) HCBS State Plan for Youth with SED Policy Manual provide the rules applicable to all Montana Medicaid providers. Providers of 1915(i) HCBS State Plan services will bill Montana Medicaid using the CMS 1500 claim form. All claims will be processed by the Department's MMIS contractor. Claims may be submitted electronically or via paper claim.

All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid youth enrolled in the 1915(i) HCBS State Plan program. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

All services provided to a youth enrolled in the 1915(i) HCBS State Plan program must be documented in the service for the youth. The 1915(i) HCBS State Plan services must be prior authorized by the regional manager.

When reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid youth.

The providers must retain records for a period of at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later. In addition to medical records for the youth, any Medicaid information regarding an enrolled youth shall be used solely for purposes related to the administration of the Montana Medicaid program. This information shall not be divulged by the provider or his employees, to any person, group, or organization other than those listed below or a department

representative without the written consent of the recipient or applicant. In addition, the provider must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d et seq., and the Uniform Health Care Information Act, 5016-501 et seq., MCA.

## **G. Service Plans**

Youth enrolled into the 1915(i) HCBS State Plan program will have initial and annual individualized service plans developed by the regional care coordinator. This process includes collaboration with the regional manager, the youth and the parents/legal representative of the youth, and other individuals the youth and parent(s)/legal representative want included in their “wraparound team”. Within 10 working days of receipt of referral from the regional manager, the high fidelity wraparound facilitator will coordinate and facilitate a family team meeting and include all members identified by the youth and the parent(s)/legal representative. Revisions to the service plan are made by the regional manager based on input from the family team provided by the wraparound facilitator as needed and at intervals of at least every three months beginning with the date of the initial service plan. At a minimum, the initial service plan must be revised on an annual basis.

The high fidelity wraparound facilitator is responsible for facilitating family team meetings and providing documentation to the regional manager for service plan revision using a specific skill set associated with high fidelity wraparound. All high fidelity wraparound facilitators are required to complete high fidelity wraparound facilitation training sanctioned by the department; are certified or working towards certification; and receive ongoing coaching to the skill sets. The RCC or the regional manager will ensure the youth/ parent(s)/legal representative sign appropriate release forms so information gathered during the need-based eligibility process and the face-to-face assessment may be shared with the high fidelity wraparound facilitator.

High Fidelity Wraparound Facilitation Services are designed to support the youth and the parent(s)/legal representative in identifying, prioritizing and working towards their goals including self-efficacy. The high fidelity model includes training on specific skill sets, ongoing coaching to the skill sets, and credentialing of facilitators and coaches who demonstrate their ability to deliver wraparound using this model. This approach standardizes the practice of wraparound facilitation and improves fidelity to the skill sets. Tasks may include:

- (a) developing a strengths, needs and cultural discovery with the youth and the parent(s)/legal representative;
- (b) assisting the youth and the parent(s)/legal representative to identify resources and make necessary referrals;
- (c) developing and updating a functional assessment and crisis plan;
- (d) orienting members of the team including the youth and the parent(s)/legal representative to the high fidelity wraparound process and their roles on the team;
- (e) setting and facilitating team meetings to identify needed revisions to the service plan;
- (f) maintaining communication among all team members;
- (g) monitoring implementation of the service plan and addressing service provision that does not meet the needs identified by the youth and the parent(s)/legal representative and the team; and
- (h) providing documentation to the regional manager for needed service plan revisions.

The regional managers will maintain a list of qualified providers of 1915(i) services and youth and the parent(s)/legal representative will choose qualified providers from this list. The list maintenance will be the responsibility of the Children’s Mental Health Bureau; information will be updated as new providers are available. The regional managers will have ongoing responsibility to ensure there are sufficient providers; that the lists are accurate; to meet with potential providers to build capacity; and to involve the CMHB management staff as needed.

The high fidelity wraparound facilitators will engage the youth and the parent(s)/legal representative in the implementation of the service plan. The high fidelity wraparound facilitators will obtain the appropriate signatures at the family service plan meetings and provide copies of suggested service plan revisions to the regional managers. The regional manager will complete an enrollment form for every youth enrolled in the 1915(i) HCBS State Plan program. The regional managers will provide copies of the enrollment forms to the program supervisor.

The initial service plan and all revisions must be reviewed and approved by the department. The service plan and cost sheets are submitted by the regional managers to the project supervisor to, Children's Mental Health Bureau for final approval. The services that a youth will receive through the 1915(i) HCBS State Plan program and the amount, scope, and duration of those services must be specifically authorized in writing through the service plan for the youth. Each service plan must record the following:

- (a) diagnosis, symptoms, complaints, and complications indicating the need for services by the youth;
- (b) a description of the functional level of the youth;
- (c) a statement of treatment objectives for the youth;
- (d) a description of any orders for the youth, including:
- (e) medication;
- (f) therapeutic interventions and other treatments;
- (g) restorative and rehabilitative services;
- (h) activities;
- (i) therapies;
- (j) social services;
- (k) dietary limitations;
- (l) crisis plan;
- (m) other special procedures recommended for the health and safety of the youth to meet the objectives of the service plan;
- (n) the specific program and other services to be provided to the youth, along with the frequency of the services, and the type of providers to provide them;
- (o) the projected total annualized cost of the program services to be provided to the youth including the annualized costs of each service; and
- (p) the names and signatures of all persons who have participated in developing or revising the service plan for the youth, including the youth, if able to participate, and parent(s) or the responsible caregiver having physical custody. The signatures verify participation, agreement with the service, and acknowledgement of the confidential nature of the information presented and discussed.

Inclusion of the need for and the identification of non-program services in the service plan of the youth does not financially obligate the department to fund those services or to ensure their delivery and quality. The high fidelity wraparound facilitator and/or department must provide a copy of the plan to the youth and the parent(s)/legal representative of the youth. The youth and the parent(s)/legal representative must sign the document. It must be documented if the youth is unable to participate in developing the plan.

PLEASE NOTE: 1915(i) HCBS State Plan program services are prior authorized by the regional manager. All state plan Medicaid services that require prior authorization are the responsibility of the provider of the services WITH THE FOLLOWING EXCEPTION:

When Community Based Psych Rehab and Support services are provided during day treatment program hours for youth enrolled in the 1915(i) State Plan program, a *Prior Authorization Request* form must be completed and either faxed or mailed to the regional manager for the region in which the

youth lives.

## **H. Individual Cost Limit**

In order to maintain program cost within the state appropriations, the department will monitor service plans and the cost sheets for enrolled youth. The total cost of program services may not exceed a maximum amount set by the department based on the amount of monies available to the program as authorized in appropriation by the legislature. The cost of services to be provided under a service plan for a youth is determined prior to implementation of the proposed service plan and may be revised as necessary after implementation. When the program costs are getting close to the maximum amount as authorized in appropriations by the legislature, the department may submit an amendment to the 1915(i) HCBS State Plan program requesting changes to the needs-based criteria defined in B.2.

The cost determination for the services provided under a service plan for the youth may be revised at any time there is a significant revision in the service plan or in the cost of the services being reimbursed through the program.

## **I. Health and Safety**

Continuous monitoring of the health, welfare and safety of 1915(i) HCBS State Plan program youth and the parent(s)/legal representative will be made via routine visits by the regional managers and the high fidelity wraparound facilitators, regular contact with in-home therapists, and other contacts between the providers and the youth and the parent(s)/legal representative. The in-home therapist, regional managers, high fidelity wraparound facilitators and other providers will receive training in identification of abuse, neglect and exploitation, and in taking appropriate action should the health and welfare of the youth and the parent(s)/legal representative be in jeopardy. All persons employed by an agency participating in this program are mandatory reporters of suspected abuse, neglect or exploitation of children, elderly, or consumers with disabilities. They are also required to complete a Serious Occurrence Report (SOR), DPHHS-MA-129, when warranted (Appendix 'G B').

All referrals where there is suspected abuse, neglect, exploitation or other unlawful activity will be immediately reported to the appropriate authority. The regional managers will be informed of the referrals through interactions with the youth and parent(s)/legal representative and provider agencies. The regional managers will follow up with the appropriate authority to ensure the health and safety of 1915(i) HCBS State Plan program youth and the parent(s)/legal representative. The authority responsible for the investigation may not be able to share investigation results due to confidentiality of the investigation, but the regional managers will monitor the services provided to the youth and the parent(s)/legal representative and make changes within the service plan as necessary. The regional managers will work with service providers, should the investigation involve providers. The regional managers are responsible for tracking serious events and bringing situations to the attention of the project supervisor (who may involve the Children's Mental Health Bureau Chief). The project supervisor will ensure there is adequate training for and monitoring of specific providers if there appears to be a common pattern of serious occurrences being established in any of the waiver sites.

## **J. Re-Evaluation**

Re-evaluations occur twelve months after the initial needs-based eligibility criteria review. The UR contractor performs the re-evaluation including reviewing medical, psychological, and social needs of the youth. The re-evaluation process is the same as the initial eligibility evaluation process. The regional manager makes the referral to the UR contractor for the re-evaluation.

## **K. Reasonable Indication of Need for Services**



The youth must continue to require the provision of at least one 1915(i) HCBS State Plan program service per month, as documented in the service plan.

#### **L. Disenrollment**

A youth may be disenrolled from the 1915(i) HCBS State Plan program by the department for the following reasons:

- (a) the services, as provided for in the service plan requirements, are no longer appropriate or effective in relation to the needs of the youth;
- (b) the failure of the youth or parent(s)/legal representative to participate in or support the services as provided for in the service plan;
- (c) the behaviors of the youth place the youth or others at serious risk of harm or substantially impede the delivery of services as provided for in the service plan;
- (d) the youth requires more supervision than the program can provide;
- (e) the needs of the youth, inclusive of physical and mental health, cannot be effectively or appropriately met by the program;
- (f) a necessary service or ancillary service is no longer available;
- (g) the deteriorating mental health of the youth precludes the safe participation in the program;
- (h) the youth no longer meets the needs-based criteria defined in B.2;
- (i) the youth has attained age 18 and is not in secondary school; or
- (j) the parent(s)/legal representative choose(s) to withdraw the youth from the program.

#### **M. Transition Planning**

The youth becomes ineligible for the 1915(i) HCBS State Plan program upon attaining age 18 (if the youth is not in secondary school). When the youth reaches age 17, the regional manager with the input from the family team via the wraparound facilitator will begin developing a transition service plan. The youth will be evaluated to determine the services needed as well as the appropriate service delivery models. 1915(i) HCBS State Plan program service providers, parent(s)/legal representatives, the youth and the wraparound facilitator will work together with the regional manager to develop an individualized transition plan. If continued services are indicated, the youth will be connected to appropriate community services, including regular state Medicaid treatment services as medically appropriate or mental health services through the adult system. Six months prior to discharge, as appropriate, the wraparound facilitator will gradually begin adjusting the frequency of contact and begin introducing the youth to the identified alternative providers the youth and the parent/legal representative have chosen until contact with the wraparound team is phased out and a positive, seamless transition has been achieved.

#### **N. Quality / Functional Assessment**

The 1915(i) HCBS State Plan program will involve strategies to ensure that youth and parent(s)/legal representative have access to and receive the services appropriate to their needs. This will require ongoing development and utilization of individual quality standards, and will include working with regional managers, the high fidelity wraparound facilitator, youth and parent(s)/legal representative and other 1915(i) HCBS State Plan program providers in the evaluation of progress toward personal outcomes and goals.

Annual performance audits will be conducted by the project supervisor or designee to ensure adherence to the policies, practices, and guidance and to identify any deficiencies and/or trends. Practices are anticipated to continuously evolve in response to emerging standards, best practices and identified issues.

CMHB staff will perform announced quality assurance reviews, to ensure that optimal services are being provided to the youth and their parent(s)/legal representatives, and that program rules and policies are being followed. Quality assurance results will be used to identify and improve programs and services.

Data will be collected on all youth and their parent(s)/legal representatives in the 1915(i) HCBS State Plan program including their progress, service use, length of time in the program, cost per individualized service plan and aggregate cost.

The department will collect data on each enrolled youth using the Child and Adolescent Needs and Strengths (CANS) functional assessment tool. The CANS will be administered by the high fidelity wraparound facilitators. The data will be stored in a data warehouse accessible to the CMHB. The data will provide information on the youth enrolled in the 1915(i) HCBS State Plan upon initial enrollment and periodically throughout the enrollment of the youth. Concurrently, the department will monitor usage of other youth mental health services reimbursed by Montana Medicaid and compare this data to pre-1915(i) HCBS State Plan implementation. We expect to see decreases in some of the higher cost youth mental health services.

CANS will be administered at enrollment, every 3 months from the last CANS assessment date and upon discharge. CANS may be administered more frequently as determined by the wraparound facilitator and team.

Data will be gathered for youth enrolled in the 1915(i) HCBS State Plan and compared to previous paid claims information regarding service utilization. The data may indicate a need to collect information for all youth served by mental health providers using the CANS functional assessment tool.

## **O. Qualified Providers and Payment for 1915(i) HCBS State Plan Program Services**

The department establishes the qualifications for all providers who participate in delivering 1915(i) HCBS State Plan program services. The 1915(i) HCBS State Plan program providers must meet required licensure and/or certification standards and adhere to other standards in order to deliver services. The department's MMIS Contractor is responsible for verifying licensure and compliance upon enrollment of service providers and provider agencies, and annually thereafter. If licensure, certification or other standards are not met during the annual re-verification, the provider number may be inactivated and the provider and the Department notified.

There is an established system for ensuring that only qualified providers provide 1915(i) HCBS State Plan program and other Medicaid services for the State of Montana and for the Department of Public Health and Human Services. Additionally, providers of 1915(i) HCBS State Plan program services will participate by reporting any abuses of the system or inappropriate activities by service providers participating in the program to the appropriate entity. The regional manager, during reviews with the participants, will also ascertain whether providers are providing the appropriate services at the level specified in the service plan. Areas of concern that may fall into suspected overpayments will be referred to the Audit and Compliance Bureau, Quality Assurance Division.

Services funded through the 1915(i) HCBS State Plan program may only be provided by a provider that:

- (a) is enrolled with the department as a Montana Medicaid provider of 1915(i) HCBS State Plan program services;
- (b) meets all the requirements necessary for the receipt of Medicaid monies;
- (c) has been determined by the department to be qualified to provide services to youth with serious emotional disturbance in accordance with the criteria set forth in this provider policy manual;
- (d) is a legal entity;
- (e) meets all facility and other licensing requirements applicable to the services offered, the service settings provided, and the professionals employed; and

(f) is not a relative or legal representative of the youth who is a reimbursed provider or an employee of a reimbursed provider.

**Geographical Factor:** A geographical factor of \$.50 per mile may be available to a **Family Support Specialist, High Fidelity Wraparound Facilitator, Peer-to-Peer Service Provider In-Home Therapist**, or a Co-Occurring Service Provider when the following circumstances are met:

- (a) the provider is traveling out of the location where the provider has its regular office, excluding satellite offices;
- (b) the provider is traveling a distance greater than 25 miles one way from the office to the home of the youth;
- (c) the geographical factor will include the initial 25 miles and return trip;
- (d) the geographical factor is prior authorized by the regional manager; and
- (e) The geographical factor and those providers authorized to receive it are included in the service plan of the youth.

Baseline Rate Policy Adjustor (rates were analyzed and calculated for Family Support Specialist service, High Fidelity Wraparound Facilitator service, Peer-to-Peer Services, In-Home Therapy service, and Co-Occurring services): A policy adjuster may be applied to increase or decrease rates when the department determines that relative adjustments to specific rates are appropriate to meet Medicaid policy goals related to (1) access to quality care, and (2) retaining service levels necessary for a balanced mental health system approach. Policy adjusters also consider current rates paid to providers in state plan and current 1915(c) waiver for equity. Policy adjusters are intended to remain within the appropriated budget.

**Service codes and reimbursement are located at:**

<http://medicaidprovider.hhs.mt.gov/providerpages/providertype/providertype.shtml#gk>

**Additional information about billing Montana Medicaid for 1915(i) HCBS services:**

- A 15 minute unit of service is billed as follows:
  - one unit of service is greater than or equal to 8 minutes and less than or equal to 23 minutes;
  - two units of service are greater than or equal to 24 minutes and less than or equal to 38 minutes;
  - three units of service are greater than or equal to 39 minutes and less than or equal to 53 minutes;
  - four units of service are greater than or equal to 54 minutes and less than or equal to 68 minutes;
  - five units of service are greater than or equal to 69 minutes and less than or equal to 83 minutes;
  - six units of service are greater than or equal to 84 minutes and less than or equal to 98 minutes;
  - seven units of service are greater than or equal to 99 minutes and less than or equal to 113 minutes; and
  - eight units of service are greater than or equal to 114 minutes and less than or equal to 128 minutes.
- All 1915(i) HCBS State Plan Program services must be included in the 1915(i) HCBS State Plan program service plan for the youth AND must be prior authorized by the regional manager. The provider will receive a prior authorization number to include on the CMS 1500 claim when billing Montana Medicaid. All other state plan Medicaid services that require prior authorization (through Magellan) are the responsibility of the provider of the services; with the exception of CBPRS during Day Treatment program hours (see Page 14).
- Reimbursement is not made for a service that is otherwise available from another source.
- No copayment is imposed on services provided through the program.
- Only these codes with the UA modifier (listed above) are valid for the 1915(i) HCBS State Plan program services; bill using your HCBS Provider Identification Number (PID), NOT your NPI.
- All 1915(i) HCBS State Plan program service providers must be enrolled as Montana Medicaid providers, Provider Type 28.
- 1915(i) HCBS State Plan program Provider Identification Numbers (PID) are “atypical” and must be included on the CMS 1500 claim; do NOT bill for 1915(i) HCBS State Plan program services using your NPI number.
- The services listed above are 1915(i) HCBS State Plan program services and only available to youth enrolled in the 1915(i) HCBS State Plan program.
- All rules governing the Montana Medicaid program are applicable to the 1915(i) HCBS State Plan program.
- If using a billing agent, have the billing agent work directly with the MMIS Contractor with the Department as there are data elements and other requirements for the electronic submission of claims.
- If using a billing agent, provide the billing agent a copy of the PA letter and the fee schedule listed above.
- Geographical Factor is only available to those waiver providers identified above and under the conditions described on Page 17.

## **APPENDIX 'A' – SERIOUS EMOTIONAL DISTURBANCE CRITERIA**

Serious emotional disturbance (SED) means, with respect to a youth from age 6 through 17, the youth meets requirements of (a) and (b).

(a) The youth has been determined by a licensed mental health professional as having a mental disorder with a primary diagnosis falling within one of the following DSM-IV-TR (or successor) classifications when applied to the current presentation of the youth (current means within the past 12 calendar months unless otherwise specified in the DSM-IV-TR) and the diagnosis has a severity specifier of moderate or severe:

- (i) childhood schizophrenia (295.10, 295.20, 295.30, 295.60, 295.90);
- (ii) oppositional defiant disorder (313.81);
- (iii) autistic disorder (299.00);
- (iv) pervasive developmental disorder, not otherwise specified (299.80);
- (v) Asperger's disorder (299.80);
- (vi) separation anxiety disorder (309.21);
- (vii) reactive attachment disorder of infancy or early childhood (313.89);
- (viii) schizoaffective disorder (295.70);
- (ix) mood disorders (296.0x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89);
- (x) obsessive-compulsive disorder (300.3);
- (xi) dysthymic disorder (300.4);
- (xii) cyclothymic disorder (301.13);
- (xiii) generalized anxiety disorder (overanxious disorder) (300.02);
- (xiv) posttraumatic stress disorder (chronic) (309.81);
- (xv) dissociative identity disorder (300.14);
- (xvi) sexual and gender identity disorder (302.2, 302.3, 302.4, 302.6, 302.82, 302.83, 302.84, 302.85, 302.89);
- (xvii) anorexia nervosa (severe) (307.1);
- (xviii) bulimia nervosa (severe) (307.51);
- (xix) intermittent explosive disorder (312.34); and
- (xx) attention deficit hyperactivity disorder (314.00, 314.01, 314.9) when accompanied by at least one of the diagnoses listed above.

(b) As a result of the diagnosis of the youth determined in (a) and for a period of at least 6 months, or for a predictable period over 6 months, the youth consistently and persistently demonstrates behavioral abnormality in two or more spheres to a significant degree, well outside normative developmental expectations, that cannot be attributed to intellectual, sensory, or health factors and:

- (i) has failed to establish or maintain developmentally and culturally appropriate relationships with adult care givers or authority figures;
- (ii) has failed to demonstrate or maintain developmentally and culturally appropriate peer relationships;
- (iii) has failed to demonstrate a developmentally appropriate range and expression of emotion or mood;
- (iv) has displayed disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic or recreation settings;
- (v) has displayed behavior that is seriously detrimental to the growth, development, safety or welfare of the youth, or to the safety or welfare of others; or
- (vi) has displayed behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.

**SERIOUS OCCURRENCE REPORT**

PROGRAM: 1915(i) HCBS; COUNTY: _____	DATE: _____
YOUTH _____	MEDICAID ID # _____
REPORTER: _____	

  

PROVIDER	INCIDENT (what occurred):                      
	EFFECT (What resulted from the condition):                      
	CAUSE (Why did it occur):                      
	ACTION: (Address cause):                      
	Resolved:    Yes <input type="checkbox"/> No <input type="checkbox"/> (Forward to the Plan Manager for completion.)

  

<b>DPHHS</b>	Comments: _____ _____
<input type="checkbox"/> Reviewed <input type="checkbox"/> Memo <input type="checkbox"/> Training <input type="checkbox"/> Case Conference <input type="checkbox"/> Sanction	
Regional Manager _____ Date: _____	

**SERIOUS OCCURRENCE REPORT:** The regional manager will be apprised of all serious events, and will be responsible for tracking serious events and bringing situations to the attention of the Project Director.

Examples of serious occurrences may include but are not limited to:

- Medication errors;
- Waiver providers not adhering to the service plan and/or scheduled service provisions;
- Involvement with Child Protective Services, Juvenile Justice System, or other systems (including youth court, legal, etc);
- Inpatient hospitalizations relative to behavioral issues or other medical events;
- Any action by the youth that would place another individual, provider, family member or other person to feel in danger;
- Running away;
- Arrests; and
- Other events (when in doubt, complete the SOR form).